Berkeley
UNIVERSITY OF CALIFORNIA

Financial Aid and Scholarships Office 2021- 22

Summer 2022 Intercampus Financial Aid Application

Instructions: Please complete the Summer Intercampus application in full and attach a copy of your confirmation of enrollment or class schedule that includes total units enrolled from your host school. **Application Deadline:** June 24, 2022. *If your specific Summer Intercampus session ends prior to June 24, 2022, the Intercampus Application must be submitted at least two weeks prior to your session end date to ensure processing.*

Student Name: _____ Student ID Number: _____

Phone: _____ E-Mail: _____

Program Information:

Host UC: ☐ Davis ☐ Irvine ☐ Los Angeles ☐ Merced ☐ Riverside ☐ Santa Barbara ☐ Santa Cruz ☐ San Diego

My session begins on (exact date): ___ / ___ / 2022 My session ends on (exact date): ___ / ___ / 2022

Is this a travel / study abroad program? ☐ Yes ☐ No

If yes, list the program name and location:

Name: _____

Location _____

If no, where will you be living?

☐ On Campus

☐ Off Campus

☐ With Relatives

Host UC Course Numbers and Titles

You must be enrolled at least half-time (9.0 quarter units or 6.0 semester units) and for a minimum of four weeks.

Confirmation of your enrollment, which includes courses and units, must be attached.

1. Session: _____ Course: _____ Quarter Units: _____
2. Session: _____ Course: _____ Quarter Units: _____
3. Session: _____ Course: _____ Quarter Units: _____

Will you also enroll in a UC Berkeley Summer Session Course? ☐ Yes ☐ No

If yes: UC Berkeley Session (s): ☐ Session A ☐ Session B ☐ Session C ☐ Session D ☐ Session E/F ☐ Session 12W

Total UC Berkeley Summer Session Semester Units: _____

By signing below, I understand that I am responsible for the following:

1. My financial aid package for Summer is based on the Summer session(s) length and number of units per session I have indicated above. If I attempt fewer units or attend a different session, I will notify the financial aid office. I am aware that if I make changes to my enrollment of withdraw, my awards may be adjusted, and my Cal Central account may be billed. *I understand that I will only be awarded based on the information I provide on this application and that if I take additional units, I will not receive additional funding.* _____ **Initial**
2. My financial aid will be paid through my Cal Central account and then refunded to me via Direct Deposit to my bank account. *I understand that it is my responsibility to ensure my Direct Deposit is active and that my Cal Central account balance is $0 at least 10 days prior to the start of my program, or my financial aid will be withheld.* _____ **Initial**
3. Once I receive my refund, I am responsible for the payment of my registration fees to the host campus before their deadline date. *I understand that my Summer aid cannot disburse any earlier than 10 days prior to the start of my program.* _____ **Initial**

Signature: _____ Date: _____

To expedite the processing of your appeal, you can upload it via Cal Central or fax it to our Financial Aid Forms Fax: 855-895-3690.
Mailing address: University of California, Berkeley, Financial Aid and Scholarships Office, 201 Sproul Hall, Berkeley, CA 94720-1960